

POSITION	ID NO.	DATE
CLASSIFIER	5	4-29-97
EXAMINER	19	8-11-97
TYPIST	411	12-22-97
VERIFIER	1	17
CORPS CORR.		
SPEC. HAND	10	
FILE MAINT.		
DRAFTING		

BEST AVAILABLE COPY

INDEX OF CLAIMS

Claim	Date			
Final	Original	1	2	3
1	1	/	/	/
2	2	/	/	/
3	3	/	/	/
4	4	/	/	/
5	5	/	/	/
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SYMBOLS

-	Rejected
=	Allowed
(Through number)	Cancelled
N	Restricted
I	Non-elected
A	Interference
O	Appeal
	Objected

Claim	Date
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